

Communicators  
2005/2006 Lobbyist Registration  
Pursuant to Chapter 10, Part II  
General Statutes  
ETH-1A  
(Revised 1/06)

STATE OF  
CONNECTICUT  
**OFFICE OF  
STATE ETHICS**  
18 - 20 Trinity Street, Suite 205  
Hartford, CT 06106-1660  
Tel: (860) 566-4472

Check Here To:  
☐ Amend  
☐ Terminate

**IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.**

**TO BE COMPLETED BY COMMUNICATOR LOBBYIST(S)**

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**COMMUNICATOR INFORMATION**

Business Organization:

Business Address:

City:  State:  Zip:

Contact person:

Telephone:  Ext:  E-mail address:

Registration Start Year:

Activities Registering for  
(Please check one):  
☐ Administrative  
☐ Legislative  
☐ Both

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**CLIENT LOBBYIST INFORMATION**

**(USE SEPARATE FORM FOR EACH CLIENT)**

If client is Municipality or subdivision of state government, check this box: ☐

Name of Client:

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**BUSINESS ORGANIZATION TERMS OF COMPENSATION**

Please check (if applicable):	<input type="checkbox"/> Sales Tax <input type="checkbox"/> Expense Reimbursement
Amount: <input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly
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**BUSINESS ORGANIZATION MEMBERS****LIST NAMES OF BUSINESS ORGANIZATION MEMBERS LOBBYING ON BEHALF OF CLIENT LOBBYIST.**

Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>

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**SUBCONTRACTOR(S) SECTION: (if applicable)**

*Subcontractors are other business organizations or individuals who you are paying to lobby on behalf of this client, but whom the client does not pay directly. Client registrant must also disclose name of subcontractor on its registration form.*

If subcontracting, check this box: ☐

Name of company (i.e. business organization or individual) subcontracting with:

Address:

City:

State:

Zip:

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**BUSINESS ORGANIZATION TERMS OF COMPENSATION WITH SUBCONTRACTOR:**

Please check (if applicable):	<input type="checkbox"/> Sales Tax <input type="checkbox"/> Expense Reimbursement
Amount: <input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly
Amount: <input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly
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**ISSUES ON WHICH YOU EXPECT TO LOBBY (CHECK ALL WHICH APPLY)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alcoholic Beverages     | <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Telecommunications   |
| <input type="checkbox"/> Banking/Finance         | <input type="checkbox"/> Labor                         | <input type="checkbox"/> Tobacco              |
| <input type="checkbox"/> Chemical/Pharmaceutical | <input type="checkbox"/> Mass Media                    | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Commerce/Industry       | <input type="checkbox"/> Public Interest/Consumer      | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Construction            | <input type="checkbox"/> Public Safety/Law Enforcement |   |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Public Utilities              |   |
| <input type="checkbox"/> Energy                  | <input type="checkbox"/> Real Estate                   |   |
| <input type="checkbox"/> Environment             | <input type="checkbox"/> Recreation/Entertainment      |   |
| <input type="checkbox"/> Gaming                  | <input type="checkbox"/> Social Services               |   |
| <input type="checkbox"/> Health                  | <input type="checkbox"/> Taxes                         |   |

FEE CALCULATION IS BASED ON THE NUMBER OF LOBBYISTS REGISTERING			
NO. OF LOBBYISTS REGISTERING		X \$150 =	

**Signed under penalty of false statement.**

Signature of Communicator - Member of Business Organization	<input type="text"/>	Date	<input type="text"/>
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